

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of )  
 Krishnan, et al. ) For: POWER MANAGEMENT FOR  
 Serial No. 09/867,363 ) SUBSCRIBER IDENTITY  
 Filed: May 29, 2001 ) MODULE  
 ) Group No. 2131

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**FEB 24 2005**

**AMENDMENT**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 7, 2004, the period of response for which runs through March 7, 2005, please amend the application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 15 of this paper.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Depositor's Name: Victoria J. Pacey  
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Signature: Victoria J. Pacey



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## *Facsimile Transmittal*

**DATE:** February 24, 2005

**TO:** USPTO Examiner Aravind Moorthy  
Group Art Unit No. 2131 Attorney Docket No. 010094

**FAX :** 703-872-9306

**FROM:** George C. Pappas

**PHONE:** (858) 651-1306

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**Number of Pages including this cover sheet:**

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## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 010094  
In Re Application of: Krishnan, et al.  
Serial Number: 09/867,363  
Filed: May 29, 2001  
Examiner: Aravind Moorthy  
Group Art Unit: 2131

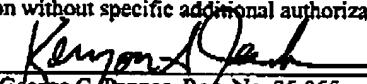
Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	72	72	0	x \$50 =	\$0
Independent**	6	6	0	x \$200 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$120	\$
		<input type="checkbox"/> Two Months		\$450	\$
		<input type="checkbox"/> Three Months		\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$0

4.  Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.  
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 6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: February 24, 2005

Signature: George C. Pappas, Reg. No. 35,065  
Phone No. (858) 654-1306/BY  
KENYON JENCKES  
REG. NO. 41,873

QUALCOMM Incorporated  
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5775 Morehouse Drive  
San Diego, California 92121-1714  
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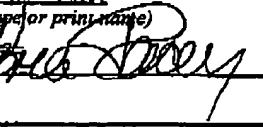
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